



NHS

AMBULANCE **HART**
Hazardous Area Response Team

Edition 4

Spring 2010

INSIDE

HART



Saving lives in challenging times

INNER CORDON 2010

The HART
Conference
& Exhibition
Full programme
inside!

See Pages 4-5
and book now!



www.ambulancehart.org



Russ Mansford,
Strategic Ambulance
Advisor to the
Department of
Health and HART
Programme Lead.

HART: HIGH ON THE POLITICAL AGENDA

Welcome to the Spring edition of Inside HART, the magazine that tracks the progress and development of Hazardous Area Response Teams across NHS ambulance trusts in England.

A cold and icy start to 2010 has seen intense pressures on the ambulance service. New statistics suggest that by the end of 2011, 999 calls to ambulance services will even outstrip those to police services. Despite this unrelenting increase in demand, and the consequent pressure it inevitably places on ambulance trusts, we must not lose sight of the goals we have set for the rollout of HART.

As with all emergency preparedness and contingency planning, the full value of a service such as HART can never be truly seen until we are faced with a serious incident or a mass casualty event such as a large scale terrorist attack.

As a long term HART supporter Lord West, the Parliamentary Under Secretary for Security and Counter-terrorism, has said many times, it is not a matter of if, it is a matter of when an attack will occur in the UK. HART has been put in place as the health service's contribution to the

'model response' to such incidents and it is important that HART teams are given the time and resources to bed into their trusts properly and to develop a clear focus on their ongoing continuity training.

HART has already been high on the political agenda this year. In March Lord West visited London's HART team whilst Foreign Secretary David Miliband officially opened the new North East HART base which falls in his South Shields constituency. Both politicians were extremely impressed at the scope of HART's training and abilities, as well as the vehicles and equipment.

HART also received a specific mention in the Government's March 2010 document, "Strategy for Countering Chemical, Biological, Radiological and Nuclear (CBRN) Terrorism" which was produced by the Office for Security and Counter-Terrorism in the Home Office and sets out the UK's strategy for countering the threat posed by terrorist use of CBRN materials.

It is extremely gratifying to see the HART contribution to the response to CBRN terrorism being so publicly recognised, which is testament to the excellent work of everyone involved in HART, from the central project team through to the training faculty and across to the individual teams in each of the Trusts.

Finally, delegate and exhibitor numbers for Inner Cordon 2010 – the HART conference and exhibition which will take place 10-11 June at the BT Convention Centre in Liverpool – are starting to look very healthy indeed. If you haven't already done so, I would urge you to sign up for what promises to be an excellent event. Visit the 'Inner Cordon 2010' tab on the www.ambulancehart.org website to book now.

I hope you enjoy this edition of Inside HART, and as ever we welcome your feedback & comments.

Russ Mansford.

Advertise in this magazine!

Inside HART is one of the most targeted ways to reach the key decision makers and buyers within the UK emergency response community.

15,000 copies of Inside HART are printed and distributed to an estimated readership of around 30,000* people (*unaudited figure at time of press) working in the civil contingency and emergency preparedness fields, such as:

- HART Managers and HART operatives
- Senior people in the Department of Health and at the Home Office
- Staff at all NHS ambulance service trusts in England, and at trusts in Scotland and Wales
- Clinicians involved in emergency and urgent care
- Police, Fire and Rescue Service professionals
- Civil contingency responders and emergency planning leads across the NHS and local government
- Those with responsibility for planning for (or responding to) a chemical, biological, radiological, nuclear or explosives (CBRNE) threat or incident
- Military personnel (such as Military Liaison Officers)
- Urban Search and Rescue teams
- HM Coastguard and related marine agencies
- Academics and researchers.

For a media pack, please contact carl.rees@ambulancehart.org or telephone 01273 328140 or 07958 547727.



HART monitoring and evaluation

PROCLUS, the special online monitoring and evaluation tool for national HART teams continues to evolve in line with user feedback.

Watch out for the new asset management and training management tools. The national Resilience and Capability survey will also be launched on PROCLUS. Survey results will be used to inform future decisions as well as to monitor staff health and well-being. For more details contact Tony Zarola via tony@zealsolutions.co.uk

COVER SHOT:

HART teams from London and Yorkshire at work on a London Fire Brigade training course at Lincolnshire Fire and Rescue Service's USAR Training Centre, February 2010.

LORD WEST VISITS LONDON HART TEAM

Admiral the Lord West of Spithead, the UK Parliamentary Under-Secretary for Security and Counter-terrorism, paid an hour long visit to the London Ambulance Service HART team on Wednesday 24th March 2010, to catch up on the latest HART developments, to meet team members and see the latest HART vehicles and equipment.

Earlier in March his department, the Office for Security and Counter-Terrorism in the Home Office, publicly recognised the importance of HART in the response to CBRN terrorism in its, "Strategy for Countering Chemical, Biological, Radiological and Nuclear (CBRN) Terrorism" which sets out the UK's strategy for countering the threat posed by terrorist use of CBRN materials.

Dr Penny Bevan, the Department of Health's Director of Emergency Preparedness, and Russ Mansford, the Strategic Ambulance Adviser to the Department of Health's Emergency Preparedness Division (and the Programme Director for HART) were in attendance to meet Lord West, along with senior London Ambulance Service staff.

ITV News programme London Today filmed Lord West during the visit, interviewing him and John Pooley (Assistant Chief Ambulance Officer at LAS) for a slot that appeared on TV just before 2pm on the same day. During this interview, Lord West said:

"HART teams will make a huge difference in terms of the numbers of lives that are saved, because they will be able to get right in there, right into the seat of the explosion or wherever, and make sure that people who have been badly injured are actually treated straight away. That triage, that immediate action, gives patients a better percentage chance of survival."



The visit was co-ordinated at LAS by Jason Killens, the deputy director of operations and HART Manager Marc Rainey.

FOREIGN SECRETARY OPENS NEW NORTH EAST HART BASE

The North East HART team received a visit from the Foreign Secretary in March when South Shields MP David Miliband officially opened its new home - the North East Ambulance Service's (NEAS) second resilience function centre and base for the HART Department.

Built over 550 square meters the contact centre is a mirror image of the primary control and contact centre at Ambulance headquarters, Newburn.

NEAS HART Manager Simon Swallow says of the new base: "The North East HART team is extremely pleased to be installed in its new base which also has a fully operational control and contact centre and a three vehicle operational ambulance station situated within the same building." David Miliband seemed genuinely impressed by the HART team's capabilities when he visited and he met many of the HART staff too. "The new base gives us an excellent foundation to build on and will be the centre of HART operations in the north east for years to come."



The new building is named Russell House in memory of North East based estates consultant Tony Russell who died shortly after identifying the site as a potential new facility for NEAS.



Day 1: Thursday 10 June 2010

Chair Liz MacKean, Journalist and Presenter, BBC Newsnight

09.00-09.15 Chair's Introduction

09.15-09.45 Session 1:

HART: Ambulance staff inside the inner cordon

Speaker: Russ Mansford, Strategic Ambulance Adviser to the Department of Health and HART Programme Director.

- Welcome, what HART is and why we exist
- Implementing the vision – where we are now
- Successes and challenges so far
- Looking ahead to the future

09.45-09.50 Brief questions and answers

09.50-10.20 Session 2:

HART: The view from the front line

Speakers: HART responders: A joint session by two HART responders.

- First hand experiences of some key HART deployments from across the UK
- Life on the front line of HART, lessons learned and effect on patients
- Building positive relationships with our colleagues in fire and police

10.20-10.25 Brief questions and answers

10.25-10.55 Session 3:

Keynote speech: Homeland Security

Speaker: The Admiral Lord West, Parliamentary Under-Secretary for Security and Counter-terrorism, Home Office.

- Homeland security and the current terrorist threat in the UK
- The value of having specially trained HART teams in place as part of the overall emergency response
- Preparing for the challenges ahead – what should we be doing?

10.55-11.00 Brief questions and answers

11.00-11.25 Break, coffee and exhibition

11.25-11.55 Session 4:

Preparing for the Olympic Games

Speaker: Dr Richard Budgett, Chief Medical Officer, The London Organising Committee of the Olympic Games and Paralympic Games (LOCOG)

- The specific health challenges the games bring to London and the UK
- Emergency preparedness and planning to date for the games
- How can HART play its role?

11.55-12.00 Brief questions and answers

12.00-12.30 Session 5:

Two case studies: The emergency responses to the attack on the United Kingdom in July 2005 and the Tokyo Subway attacks in 1995.

Speaker: Dr Dave Sloggett Visiting Lecturer at the HART Training Faculty

- The implications for First Responders and those involved in triaging and evacuating casualties to hospitals and treatment centres
- What difference does HART make to the UK response?

12.30-12.35 Brief questions and answers

12.35-14.00 Lunch and exhibition

Conference now splits: delegates can continue in the main stream or attend one of three workshops

MAIN STREAM

Chair Liz MacKean, BBC Newsnight Presenter and journalist

14.00-14.05 Chair's welcome back

14.05-14.35 Session 6:

HART and its effect on the national ambulance service

Speaker: Jason Killens, Deputy Director of Operations, London Ambulance Service

- The London bombings of 7th July 2005 and why this attack underlined the need for HART teams
- How HART has helped reduce the number of crews and vehicles needing to be sent to major hazardous incidents
- Why HART is a major good news story for the ambulance service

14.35-14.40 Brief questions and answers

14.40-15.10 Session 7:

Major trauma: The role of HART teams in effective triaging and management of patients on-site, inside the inner cordon

Speaker: Dr Adrian Mellor, Surgeon Commander, Royal Navy & Consultant Anaesthetist, James Cook University Hospital, Middlesbrough.

- Types of injuries following a mass casualty event
- Empowering paramedics to triage patients effectively in difficult and dangerous hazardous environments
- How HART teams can play a vital role in reducing pressure on busy receiving A&E departments immediately following a major incident

15.10-15.15 Brief questions and answers

15.15-15.40 Break, coffee and exhibition

15.40-16.40 Question Time Panel Discussion

This session will allow delegates and exhibitors the opportunity to ask the 6-strong panel their own questions about the HART programme and the wider environment in which HART operates.

Chaired by: Liz MacKean, BBC Newsnight Presenter and journalist

Panel members:

To be made up of the day's speakers and also the HART project team members.

16.40 Conference day 1 closes.

17.00 Start of social programme.

WORKSHOP SESSIONS

14.00-15.00 Workshop 1

HART Post Rollout - Sustaining our Capability

A workshop for Executive Directors, Senior Managers, HART Managers and Commissioners.

Presenter:

Hilary Pillin, HART Programme Manager:

- The presentation will be around 25 minutes with the remaining 35 minutes as a facilitated interactive discussion

14.00-15.00 Workshop 2

HART team leadership & individual and team resilience

A practical workshop event designed for HART team members and their colleagues.

Presenter:

Tony Zarola, HART Evaluation Lead

- The presentation will be around 25 minutes with the remaining 35 minutes as a facilitated interactive discussion

14.00-15.00 Workshop 3

The best kit, the best training, the best people: Why HART is so well prepared and what this adds to the overall emergency response to major, hazardous or mass casualty incidents.

A workshop for those new to HART.

Presenter:

Dave Bull, HART Training and Education Lead

- The presentation will be around 25 minutes with the remaining 35 minutes as a facilitated interactive discussion

15.00 Break, tea and exhibition

15.15 Delegates re-join main stream for Question Time

INNER CORDON 2010

Book now for the first ever national HART Conference and Exhibition!
Liverpool – BT Convention Centre - Thursday 10 – Friday 11 June 2010

Delegate bookings, exhibitor stand bookings and free visitor registrations are coming in thick and fast for the first ever HART Conference and Exhibition, *Inner Cordon 2010*.

Designed as a central forum for all things HART-related it will be of great interest to senior ambulance staff, HART teams and their multi-agency colleagues in fire and police as well as others working in civil contingency and emergency preparedness. The event will be held June 10-11 at Liverpool's BT Convention Centre. Bookings and free visitor registrations via www.ambulancehart.org/innercordon2010.

Kate Adie, the former chief news correspondent at the BBC, has agreed to give the after dinner speech at the HART conference dinner on the evening of 10 June 2010. Up to 400 delegates, visitors and exhibitors are expected to hear Ms Adie speak at the dinner. Don't miss out – book now!



Kate Adie,
After Dinner Speaker

Day 2: Friday 11 June 2010

Chair Liz MacKean, Journalist and Presenter, BBC Newsnight

09.30-09.45 Chair's introduction and summary of previous day

09.45-10.15 Session 8:

Keynote speech: Working with the police service

Speaker: DCC Margaret Wood, ACPO Lead on Terrorism and Allied matters

- Working together to save more lives and protect more civilians
- The impact of HART inside the inner cordon
- Lessons learned & looking ahead

10.15-10.20 Brief questions and answers

10.20-10.50 Session 9:

HART: An integral feature of the emergency service response to major incidents or hazardous environments.

Speaker: John Bonney, President of the Chief Fire Officer's Association (CFOA)

- What happened pre-HART; why HART was welcomed by Fire
- Communication on-scene and working with health personnel inside the inner cordon
- Lessons learned & looking ahead

10.50-10.55 Brief questions and answers

10.55-11.25 Break, coffee and exhibition

11.25-11.55 Session 10:

Hurricane Katrina and other major events

International Speaker: Tim Gallagher, Director of Emergency Response for the Texas Task Force and Federal Emergency Management Agency (FEMA), Houston, USA.

- First hand experiences of major incidents in the USA such as Hurricane Katrina
- What lessons could the UK learn from these responses?

11.55-12.00 Brief question and answers

12.00-12.30 Session 11:

Haiti: The UK's response to an international tragedy

Speaker: Chief Fire Officer Mike Thomas, Lincolnshire Fire and Rescue Service and Fire Service Lead for UKISAR (UK International Search and Rescue).

- Background to the UK response
- Arriving in Haiti
- The rescue effort
- Lessons learned for future catastrophes

12.30-12.35 Brief question and answers

12.35-14.00 Lunch and exhibition

Conference now splits: delegates can continue in the main stream or attend one of three workshops, repeated from yesterday

MAIN STREAM

Chair Liz MacKean, BBC Newsnight Presenter and journalist

14.00-14.05 Chair's welcome back

14.05-14.35 Session 12:

UK Medical Responses to Terrorism

Speaker: Jennifer Cole, Head of Emergency Management, Homeland Resilience Department, Royal United Services Institute (RUSI)

- The issues that affect UK medical responses to terrorism.
- The UK medical response to terrorism - what is unique?
- Legislation and guidance covering major incident response in the UK at the national, regional and local level.

14.35-14.40 Brief questions and answers

14.40-15.10 Session 13:

Technological pioneers – how HART teams are using technology to save lives

Speakers: David Savage, CEO Excelebrate Technology and James Price, West Midlands HART Manager

- The technology available today and how it supports key elements of incident management
- HART command units and their comprehensive communication capabilities
- Operating from Inside HART and the effectiveness of the technology so far

15.10-15.15 Brief question and answers

15.15-16.00 Question Time Panel Discussion:

This session will allow delegates and exhibitors the opportunity to ask the 6-strong panel their own questions about the HART programme and the wider environment in which HART operates.

Chaired by: Liz MacKean, BBC Newsnight Presenter and journalist

Panel members:

To be made up of the day's speakers and also the HART project team members.

16.00 CONFERENCE CLOSES.

WORKSHOP SESSIONS

14.00-15.00 Workshop 1

14.00-15.00 Workshop 2

14.00-15.00 Workshop 3

For full details of Workshop Sessions please see Programme for Thursday 10 June 2010 (Page 4).

- Each presentation will be around 25 minutes with the remaining 35 minutes as a facilitated interactive discussion

15.00 Break, tea and exhibition

15.15 Delegates re-join main stream for Question Time

16.00 CONFERENCE CLOSES.

HART ON SHOW IN THE SOUTH EAST

The new HART team from South East Coast Ambulance Service (SECAMB) joined forces with HART colleagues from the East of England in January at a special emergency preparedness showcase event organised by the South East Coast Strategic Health Authority in Crawley, East Sussex.



HART Forward Command vehicles, a USAR vehicle and decontamination equipment were on site as well as both National Capability Mass Casualty Equipment Vehicles, with HART operatives standing by to demonstrate and share with colleagues the scale and type of equipment on board, and to explain how the vehicles are deployed.

SECAMB HART Manager Matthew England said: "This event was crucial in updating partners about the rollout of HART in SECAMB, as well as nationally, and provided us with a vital opportunity to show colleagues the HART vehicles and equipment and to demonstrate inter-operability with wider NHS and other partner agencies. EEAS provided the HART vehicles, equipment and staff. They worked in with my team effortlessly and did a wonderful job in conjunction with the SECAMB staff present. We received great feedback and have done much to further HART in the region."

Anna Taylor, Head of Emergency Planning & Resilience at NHS South East Coast, said: "The purpose of the event was to highlight all of the good work that is happening in the South East Coast and to give people the opportunity to network and share best practice with colleagues across the region."



Verity Kemp, Deputy Director for Emergency Preparedness at the Department of Health inside one of the HART Forward Command vehicles.

THE FIRST SOUTH CENTRAL HART TEAM MEMBERS

On 02 March 2010, eight paramedics from South Central Ambulance Service (SCAS) became the first SCAS HART pioneers. Georgie Sutton of the SCAS communications team explains how.

After being successful at their competency-based interview, the HART team candidates had to undergo a specifically designed medical assessment followed by a physical competence assessment (PCA). The PCA assesses the general fitness and the ability to work at height and in confined spaces. The applicants have to pass three strenuous, but fun, tests in no particular order, which can be described as follows:

- **Weight carry** – Consists of carrying a 35kg load (vest) and complete 9 laps of a circuit, which includes various obstacles and stairs. There is also a 75kg mannequin to drag for 15m and a manual dexterity test, performed while wearing the 35kg load.
- **Tunnel crawl** – Entering a confined space tunnel and negotiating, by crouching or crawling, a way through the obstacles. At the halfway point, the return journey is done in darkness.
- **Tower climb** – Climbing a 13.5m ladder into the third floor window. Then being lowered to the ground attached to a rope system, from the second floor.



So what happens next? Well, over the next nine months, leading up to the 'live' date in December, the HART members will receive intensive training in a wide range of specialities. This will equip them with the additional skills and knowledge required to deliver clinical care in varying types of Personal Protective Equipment, different environments and specifically within the hot zone at incidents. Courses include:

- 1 week Civil Responder 1 training, delivered by Thames Valley Police.
- 2 weeks breathing apparatus course, delivered by Hampshire Fire.
- 3 weeks Incident Response Unit Training, at Winterbourne Gunner.
- 3 weeks Urban Search & Rescue Training, delivered at the National Fire Service College.
- 1 week Radiation Protection Supervisor Training, at Winterbourne Gunner.

This training will be coupled with various awareness sessions and risk visits within SCAS areas.

SCAS HART Manager Paul Stevens says: "The PCA is the final stage of the selection process so congratulations to all of the candidates for their patience, passion and dedication in joining SCAS HART. It was pleasing to see that although most candidates did not know each other initially, they soon gelled and worked together through the tasks. This bodes well for the close teamwork essential for the success of HART."

For more information or to join SCAS HART, please contact Paul Stevens at paul.stevens@scas.nhs.uk or on 07917506152.

CONGRATULATIONS TO ALL OF THE CANDIDATES

One Man/VIP Decontamination



The New NBC Rapid Deploy System
Lightweight (40kg) – Transportable (Estate Car) – Rapid Deploy (One Minute)



When time is everything, you need to be confident that you can swiftly and effectively respond to any emergency decontamination situation with proportionate response.

The SF3 is the latest innovation in one man/VIP decontamination, borne out of a requirement for a lightweight, transportable shelter system that can decontaminate a small number of personnel at any remote location. The unique SF3 one man/VIP decontamination unit can be set up and operational in **one minute** by just two people. Therefore it is arguably the most instant, most portable one-person decon solution available on the market.

The latest in NBC's SafeFrame® range, the SF3's innovative design is engineered for ease of use and transportation - offering a lightweight system with small enough dimensions (just 0.4m³) to fit into the back of an estate car. With the side walls, water system

and sump all contained within the unit, no assembly is required and the system is immediately **fully functional**.

Exceeding industry standards, the NBC SF range is manufactured with materials of the highest quality, ensuring weather resistance, durability and easy maintenance. The SF3 is available in a range of colours, with the option of applying a personalised logo.

Find out how we can make a critical difference to you.

Call 0845 121 3780, visit www.nbcservices.co.uk or email info@nbcservices.co.uk for more information.

NBC Group, certainty in an uncertain world



Bespoke Emergency Planning Solutions
Shelters • Decon Cabins • Consultancy & Training

Tel: 0845 121 3780 Fax: 01928 580 335 Email: info@nbcservices.co.uk Web: www.nbcservices.co.uk



Dr Dave Sloggett

THE ENDURING AND INNOVATIVE THREAT FROM TERRORISM

By Dr Dave Sloggett, who will be speaking at the HART Conference, Inner Cordon 2010, 10-11 June 2010.



The Fascination with Air Transport

Anyone who looks carefully at what nearly happened on Christmas Day 2009 over Detroit will quickly conclude that terrorism is alive and well and quite able to innovate new ways of perpetrating outrages designed to kill and maim hundreds of people.

The fact that the alleged bomber bought a ticket with cash (£1775), travelled with hand luggage – despite saying he was going to the United States for three months, bought a one-way ticket and asked to sit in seat 19 (a quite specific request) astonishingly did not seem to alert anyone. Ironically, given the detailed nature of the apparent planning involved it has to have been a deliberate calculation, the attempt to bring down Delta Airlines Flight 253 would have resulted in a Lockerbie style disaster over the city with the largest Muslim population in the United States.

Other sources have suggested that in the previous month a Somali man had been arrested trying to board a flight with a similar form of explosives and in August an attack was made by a terrorist against a leading member of the Saudi Royal Family using a device that had been inserted inside his body demonstrated new innovation in how to carry out terrorist attacks. Counter terrorism activity is a constant battle against groups who have a great deal of manoeuvre room in which to innovate and develop new approaches to committing acts of terrorism. This is why the emergency services must be always prepared to deal with the unthinkable and deal with the unexpected.

It appears that despite efforts to learn lessons from the attempted attack by Richard Reid on American Airlines Flight 63 on the 22nd of December 2001 the attacker was able to board an aircraft and attempt to ignite a bomb nearly 8 years to the day that it was attempted by Richard Reid. Surely in that passage of time security precautions, with which we are all only

too familiar, would have stopped such an attempt? One might think that by now picking up such obvious indicators as were available concerning the attack on Delta Flight 253 was routine. Clearly this is not the case.

On the positive side the so-called *airplane plot*, which aimed to bring down seven airliners in a synchronised attack over the Atlantic Ocean, was disrupted. This attack planned to use highly novel forms of explosives drawn from relatively simple, and innocent in appearance, components that could be smuggled onto a plane. This was another example of innovation by terrorist groups who are trying to stay ahead of the authorities.

The problems arise when the pieces are put together and then mayhem can ensue. Prevention of such attacks has led to numerous screening activities at airports. Taking off belts, shoes and only being allowed to take certain quantities of liquid on board the aircraft are all restrictions that have become part of our daily lives.

The terrorist's interest in aircraft and aeroplanes is clearly undiminished since September 11th it is clearly a subject to which they return on a regular basis; it could be said that they have a fascination with aircraft and their destruction.



Intelligence Failures

Despite President Obama's obvious pique at the outrun of these events and his actions in hauling in the various leaders of the United States Intelligence Agencies it is clear that those charged with security did not join the dots; a euphemism for a major intelligence failure. History shows us that intelligence failures occur; military examples of such failures to really appreciate the situation litter the battlefields of wars across the world.

Where intelligence has worked, and the success in the Second World War at Bletchley Park is a classic example, then it is really possible to get inside the mindset of the adversary and gain a

clear advantage. General Montgomery understood this at El Alamein when he was in fact reading Rommel's telegrams. It is clear that when intelligence failures occur the emergency services are the backstop or insurance policy paid for by society to cope with whatever the terrorists decide to develop as the next way killing hundreds of people.

Today's threat from trans-national terrorist groups, most of whom have good insights into contemporary intelligence collection systems – unlike Rommel, makes the problem of collecting and analysing intelligence that much harder; the signals are very noisy, hence the use of the term chatter as one of the sources of intelligence that might indicate the imminence of an attack. The Jihadist chat rooms are often full of speculation and picking the threads that actually have substance in more of an art form than a science.

Contemporary Terrorism

The principle threat today arises from small often distributed groups of people (sometimes drawn from a range of professional backgrounds) who spontaneously seek to take action either as individuals or as a group to attack the United Kingdom and its fellow Western States.

Terrorist groups, such as Al Qaeda, have however shown themselves to be durable and agile. The creation and dispersion of their core group members and the ability to use the Internet to create the conditions where people with a grievance can become attracted to become actively involved, sometimes moving along a trajectory of being on the periphery of terrorism (helping with fund raising) to being directly involved and willing to sacrifice their life.

This dispersal of the groups and individuals, especially those who become involved as a result of their own efforts, not needing the intervention or support of others such as radical preachers, makes collecting intelligence extremely difficult. In such circumstances it is almost inevitable that intelligence failures will occur; despite the many occasions where success stories are often not reported. It is axiomatic that the terrorists only have to get lucky once. The intelligence agencies must be right all of the time. When the adversary is *agile, cunning, and unpredictable and highly motivated* that situation is extraordinarily difficult.

The Internet has allowed Al Qaeda to create a franchise based upon its core ideology that does appeal and reach out to people who feel disenfranchised from society. The messages of the forms of information put out in the Internet resonates with individuals, often

referred to as lone wolves, and to groups of people who may find the content crystallises their thoughts and concerns and helps them make sense of their feelings and desire to get more involved. This process or journey is often referred to as being radicalised. It is often a very personal journey that each person makes to reconciling themselves to be ready to commit mass murder.

The latest incarnation of Al Qaeda is just the latest in a series of stages that the group has undergone has it has changed from a largely centralised organisation with a semblance of command and control, influence and sponsorship of events to becoming a largely dispersed and franchised organisation. Business studies students would recognise the adoption of the *power to the edge model* where organisations decentralise and flatten their hierarchical structures to accommodate new ways of working; devolving decision making to the outer edges of the organisation.

Al Qaeda has consistently shown that it is able to reconfigure itself and to adopt forms of contemporary business models. The people involved in running Al Qaeda clearly think very

hard about how to maintain their relevance on the international landscape and their approaches to running the organisation are innovative. That same innovation is applied to the ways in which tactics are developed to maintain the publicity that they need to gain new recruits and to maintain the moral of their supporters across the world; making iconic attacks that can energise others to become involved in Jihad.

The CBRN Calculus

Al Qaeda has managed to survive and maintain their activities, planning new attacks. A question that is often asked is why this innovation has not yet led to a CBRN attack? After all the Tokyo sarin gas attack remains, despite taking place 30 years ago, the iconic example of an act of terrorism using a CBRN device. Al Qaeda's interest in CBRN technologies now dates back nearly 20 years. Osama Bin Laden's first recorded statement on this issue was in 1994. Since then he has returned to the theme and repeated his desire to obtain such weapons.

Obtaining the source materials, it can be argued, is not that difficult. A radiological or dirty bomb requires access to materials such as Caesium 137. Records produced by the International Atomic Energy Agency (IAEA) highlight over 1300 reported incidences of smuggling in since 1990 in Europe alone; often linked to material being smuggled out of the former Soviet Union. IAEA records also highlight significant numbers of radiological sources in Europe that are at risk and the losses of over 300 of such items a year across Europe. These may not sound significant numbers but they are worrying and highlight trends concerning the relative ease with which nuclear

materials can be obtained that could be developed into a dirty bomb.

Just because a CBRN event has not happened yet does not mean that terrorist groups do not seek to conduct an attack. Getting all the pieces in place takes time. Meanwhile they continue to press ahead with what might be referred to as conventional attacks. Events in Mumbai provide a new paradigm from which recent attacks in Pakistan and Afghanistan (Kabul in late January 2010) draw a model and allow groups like Al Qaeda to maintain their activities and keep terrorising target populations. These attacks gain lots of media coverage. It allows the terrorist groups to maintain their image whilst they wait for the day when they can unleash the full horrors of a CBRN attack with all of its obvious consequences for society.

Predicting the timing of such an onslaught is hugely difficult. In a recent report by NATO the threat from Weapons of Mass Destruction was seen as a generational issue and proliferation creates opportunities that terrorist groups will be eager to exploit.

Summary

The highly agile, unpredictable and innovative nature of terrorism today, its geographic dispersal, appeal to people from across society, and adoption of new ways of committing major atrocities highlights the extremely difficult job of the intelligence agencies. They only have to get it wrong once. HART, SORT and their colleagues in the emergency services are the backstop when all else fails. This is why the HART and SORT teams must never let their guard down and must be ready for the unexpected.



Designed by UK paramedics...



Fully mobile, ruggedised EPR system with wireless vital sign monitoring and secure 'real time' data transmission for improved patient care and safety.



- Ultra light weight, IP67 military standard touch screen device
- Wireless peripherals for use in entrapment and hazardous scenarios
- Monitors BP, Pulse, 12 lead ECG, Glucose, Peak Flow, Oxygen, Carbon Dioxide levels

- GPS tracking and integrated cameras for digital image capture

- Pre-loaded medical and drug databases

FOR MORE INFORMATION PLEASE CONTACT US:
+44 (0)121 424 1598
or email info@safepatientsystems.com

HART TEAMS IN ACTION

EMAS HART IN HOSPITAL FIRE EXERCISE

By Dean Dagley, HART Team Manager, East Midlands Ambulance Service

In December 2009 the EMAS HART yellow team took part in an exercise at Melton Community Hospital in Leicestershire alongside Leicestershire Fire and Rescue (LFRS), Leicestershire & Rutland Primary Care Trust and East Midlands Strategic Health Authority.

The aim of the exercise was to carry out a search and rescue with 'triage and treat' incorporated into the exercise – all using Breathing Apparatus (BA). The team was given a 9-point briefing plan and the team members were allocated to their roles before being deployed to the exercise area. They donned Extended Duration Breathing Apparatus (EDBA) sets in two minutes and walked to the entry control board. Personal tallies were handed in and the two teams waited for a brief from Fire and rescue.

The plan for the exercise was a simulated evacuation of patients from a hospital due to excessive smoke and fire. The point of the exercise was to familiarise the HART and FRS roles with each other's procedures, as well as allowing HART to gain experience of using EDBA.

The team entered the ground floor of the building in BA accompanying two LFRS firefighters and went up the stairs carrying out the correct stair procedure and BA shuffle, visibility was minimal because of thick smoke (this would be toxic if it was real). Both HART team members entered into the corridor under guidance from the LFRS, and safely made their way past the notional fire. Door entry procedures were carried out and during the search two casualties were located and extricated by the team working in collaboration with the two firefighters.

Once the casualties were outside, they were handed over to Casualty Collection Point staff and then the team entered again to search for further patients. Throughout the exercise the team worked very well with fire-fighters, ensuring the casualties were triaged/removed correctly. Communications were carried out through the use of VHF radios and fire service fire ground radio systems.

The HART staff carried out their role, putting into practice the training they had received, and within ten minutes all the casualties were safely removed. All in all, this was an excellent exercise which helped build even closer understanding and working relationship between Leicestershire Fire and Rescue and EMAS HART, with valid learning points all round.





YORKSHIRE HART IN RESPONSE TO MINE SHAFT FALL

By YAS HART team member Carl Froggatt

On 07 December 2009 a request was made by local ambulance crews for HART to attend an incident at Maltby Colliery in South Yorkshire. A mine worker had fallen about 20 metres down a lift shaft and was believed to be in respiratory arrest.

A HART team member who was covering South Yorkshire in the HART rapid response vehicle was the first resource to be contacted. On receiving the incident details he promptly contacted the main base at Morley via the airways and requested back up of the full team. On arrival on scene the RRV found one local ambulance, paramedic practitioner, police, fire and fire Technical Rescue Unit (TRU) already in attendance. He liaised with ambulance and fire on scene and it was quickly established that the worker was probably deceased. As this had not been confirmed by a suitably qualified professional, it would be necessary for a paramedic to go down into the mine and determine recognition of life extinct (ROLE).

After a risk assessment meeting with the fire TRU the HART/USAR paramedic on scene established that any operative entering the mine would require a Savox set (a specialist emergency oxygen supply system). At that time it would be another ten minutes before the rest of the HART team would arrive on scene. Liaising with his team leader via the air waves the decision was made for the HART team member on scene to deploy with the fire TRU. The shaft the worker had fallen down was the shaft for the main personnel lift and therefore was out of use, so it was necessary for the rescue team to use the equipment lift to get to where the casualty was. The journey involved entering through an air lock to the lift, a lift journey of 1km down to the working seam and it was then necessary to walk 400m through the mine workings. At all times being aware of the hazards presented when walking over underground rail lines and uneven ground, some sections were unlit and therefore presented an extra risk.

On arrival at the lift shaft where the worker had fallen, the mine workers already at this location informed the rescue team it was necessary to descend a further 20 metres down vertical ladders to where the casualty was and the space at the bottom of the ladders was very limited. After a further risk assessment with Fire and Rescue colleagues it was decided for the HART team member (with a mine worker as a guide) to deploy down the ladders - again being aware of the hazards being presented by greasy ladders and poor lighting.

Unfortunately on arrival at the patient's side, the worst fears of the rescue team were confirmed and the gentleman was confirmed deceased. It was then necessary for the HART paramedic to ascend the ladders to rejoin the TRU, the whole team then had to retrace their steps to reach the surface. Despite the tragic outcome it was felt by the agencies involved that this was an excellent example of different services working as one team.



EXERCISE FALLEN SPARROW

West Midlands Ambulance Service (including WMAS HART) and Midlands Air Ambulance joined Police, Shropshire Fire and Rescue Service, the Environment Agency and Mountain Rescue in a major training exercise organised by RAF Shawbury which simulated a helicopter crashing in a field 5 miles from its airfield.

The scenario - played out on a bitterly cold and windy January day - was that of a Griffin helicopter (with eight people on board) crashing in a field near Bomere Heath in North Shropshire. For the purposes of the exercise, the cab of the helicopter was substituted by a Nissan Primera.

There were three fatalities and five injured (played by students from the Defence College of Aeronautical Engineering) and reporters from Radio Shropshire and the Shropshire Star attended (by invitation) to report on the exercise.

Cpl Neil Moncur of RAF Shawbury said:

"We were delighted to have the ambulance teams on board for one of our first big exercises in five years. It was a very worthwhile day with some excellent training available - and we were particularly impressed with the new HART vehicles!"



HART TEAMS IN ACTION



TRAINING FOR THE REAL THING

By Carl Rees, Editor, Inside HART

It's 08.15 on a freezing February morning but the Lincolnshire Fire and Rescue Service's USAR Training Centre is already a hive of activity. This week, HART teams from Yorkshire and London are spending two days each at a highly realistic training course designed and managed by London Fire Brigade.

The HART teams – working alongside USAR colleagues from Fire – are being put under serious pressure with a range of scenarios and challenges that are all text book HART deployments.

Today's scenario is based around an explosion which has resulted in mass casualties as well as a wrecked single decker bus, a crushed passing car and a collapsed nearby building with many trapped and injured casualties.

Thankfully the casualties today are not the real thing, although that doesn't stop the HART and Fire teams operating as if they were. Their job is to save lives and right now they are inside this mock inner cordon, focused on doing it safely and learning real life lessons as they go along.

Aside from the relentless buzzing around of the Bobcat multi-purpose vehicle (MPV) moving equipment and supplies around the incident zone – there are teams emptying the Fire Service's four USAR modules, each containing vital items of kit for use within the USAR environment - for breaking and breaching, lifting and moving, technical searching and propping and shoring.

A busy command centre has also been established with the Fire Commander in constant contact with personnel at the scene.

HART Urban Search and Rescue (USAR) Lead Jamie Fountain, says: "In a normal, ongoing HART deployment, such as a train crash or a building collapse, one HART team from one area would arrive after the first two days to relieve the other, so this exercise exactly mirrors that way of working. It's a tough exercise but the facilities here at Lincoln are excellent, making it even more challenging but also more useful for HART training.

"Extremely close working with the Fire and Rescue Service also means that HART team members get to know and understand more about their counterparts in Fire, and vice versa, which is vitally important."





"Thank you once again to the Helimed team."

HART AND HELIMED 54 WORK TOGETHER

By Dan Webster, EMAS HART

On 05 March East Midlands HART was tasked to provide mutual aid on behalf of West Midlands Ambulance Service.

The incident was located in a remote area near Butterson in Staffordshire. A gentleman had been walking and strayed near the edge of a rock face, whereupon he slipped and fell approximately 60ft down it, resulting in a spinal injury, fractured arm and chest injuries.

Due to the location of the patient and the unstable terrain HART were tasked to provide advice and equipment, to stabilise and make the patient safe.

The incident location was approximately one and a half hour's drive away. The decision was made by the HART Team leader Dan Webster to call on Helimed 54 (the Derbyshire, Leicestershire, Rutland Air Ambulance) to consult them on the suitability of air lifting the HART USAR crew to the scene. Following a short discussion and the teams being flexible and working together HART Team leader Dan Webster and HART USAR Operative Steve Dick were air lifted to scene and at the patient's side within 20 minutes, whilst the HART USAR vehicle made its way by road as support.

The patient was treated and placed in a MIBS stretcher then lowered down the rock face by Derbyshire Mountain Rescue. The patient was then airlifted to University Hospital of North Staffordshire for further treatment within 20 minutes of the helicopter arriving on scene, the whole operation taking only 40 minutes from take-off.

HART Team leader Dan Webster commented: "This proved to be a successful incident which provided the patient with a more comfortable extrication. The fact that Helimed 54 and East Midlands HART are located at East Midlands Airport provided the perfect opportunity to try something new, this was the first time Helimed and HART have worked together and with thanks to professionalism and flexibility in changing situations with all involved the transition from road to air was made quickly and proved effective for the patient's treatment."

With powerful satellite broadband, data, multiple device voice communications, video and incident management systems, integrated Incident Command Unit technologies from Excelerate give emergency services and agencies an extra edge - the power to see, hear, think about and manage single agency and multi-agency crises and emergencies much more effectively.

By delivering a Common Operational Picture to all participating responders, these integrated systems enable incident commanders at all levels and in any location to make faster, better informed decisions, enhancing their ability to improve public protection and safety.



Command, Communications & Coordination challenges, priorities and solutions for emergency services and agencies

1. Establishing fast Incident Command Unit setup at incidents
2. Accessing high speed Internet, with guaranteed access to broadband communications and databases (Excelerate solutions deliver satellite broadband at highly cost effective rates).
3. Achieving communications interoperability, with AirWave and other radios and mobile and VOIP phones (using Excelerate's PBX solution)
4. Providing major emergency communications resilience (with independent GSM networks)

5. Gathering and sharing live streamed video (from standard and thermal fixed cameras, body-worn cameras and remote, rapidly deployable cameras)
6. Improving single-service operating effectiveness and multi-agency interoperability with the creation and delivery of a Common Operational Picture.

Integrated communications solutions from Excelerate deliver robust, resilient, cost-effective communications solutions for emergency services and agencies - police, fire, ambulance, emergency management agencies, local authorities and central government.

Excelerate is the market leader in the UK for the provision of satellite broadband and related solutions, and is the only provider of satellite communications to all emergency services - police, fire and ambulance.

See hear manage think



Excelerate provides incident commanders with live incident video for improved, up-to-the-minute decision making

Emergency services using Excelerate Incident Command Unit communications solutions include:

HART (Hazardous Area Response Teams) forward command vehicles -12 vehicles nationwide (vehicles shown above), Royal Berkshire Fire and Rescue Service, South Yorkshire FRS, Strathclyde FRS, South Central Ambulance Service NHS Trust, Thames Valley Police and Gwent Police.

For further information or to arrange a demonstration, please contact

T: +44(0)845 65 85 747

F: +44(0)870 05 16 792

E: info@excelerate.info

www.excelerate.info

excelerate

DATA VIDEO VOICE INTERNET VIA SATELLITE & WIRELESS

HART TEAMS VITAL PART OF UK STRATEGY FOR HANDLING CBRN TERRORISM

Hazardous Area Response Teams have been specifically mentioned in a major Government document as being a vital part of the United Kingdom's response to a Chemical, Biological, Radiological and Nuclear (CBRN) Terrorism attack.

The March 2010 document, "Strategy for Countering Chemical, Biological, Radiological and Nuclear (CBRN) Terrorism" has been produced by the Office for Security and Counter-Terrorism in the Home Office and sets out the UK's strategy for countering the threat posed by terrorist use of CBRN materials.

Admiral the Lord West of Spithead, the Parliamentary Under Secretary for Security and Counter-terrorism is someone who has been extremely supportive of the HART programme since its inception. In his foreword to the document, he says:

"Our aim is to reduce the likelihood of a CBRN attack and, if an attack should occur, respond quickly to minimise harm and restore public confidence."

"The success of all our counter terrorist work depends on collaboration across Government Departments, Devolved Administrations, the responder community and international and private sector partners. I commend the progress which has been made and believe this strategy will facilitate further progress in future."

Russ Mansford, who leads the HART Programme for the Department of Health, says: "It is extremely gratifying to see the HART contribution to the response to CBRN terrorism being so publicly recognised. This is



testament to the excellent work of everyone involved in HART, from the central project team through to the training faculty and across to the individual teams in each of the Trusts."

HART is specifically mentioned on page 13 of the document in two sections as follows:

- 2.44** Hazardous Area Response Teams (HART) are being introduced in the ambulance services. These teams specialise in operating in the contaminated zone so that those affected can receive treatment as soon as possible.
- 2.45** We will ensure that we maintain the levels of trained and equipped police officers, fire and rescue service decontamination units and HART to deliver the Model Response.

SPOTLIGHT ON THE MEDICALERT FOUNDATION



Over the past 40 years, more than 290,000 people have benefited from the reassurance and protection MedicAlert provides 24 hours a day, 365 days a year.

The MedicAlert Foundation is the only registered Charity in the UK providing life-saving medical identification for people with hidden medical conditions. This includes people with diabetes, epilepsy, allergies, cardiac implants or other hidden medical conditions as well as those who have advance decisions and organ donation wishes.

MedicAlert holds medical records for all individuals, which can then be accessed by emergency personnel via a 24 hour emergency line.

This emergency line is based at the London Ambulance Service Headquarters and accepts reverse charge calls worldwide with a translation service in over 100 languages. Information held at the emergency line can include next of kin contact details, past medical history and current drug treatment. MedicAlert also employ a team of full-time doctors and nurses who ensure all records are accurate, and are held in an internationally recognised format.

Recognise, React, Recommend

MedicAlert's service relies on the knowledge and quick-thinking of Emergency Services Professionals to check for patients wearing MedicAlert ID at the scene of an emergency.

MedicAlert only provide Emblems which are worn on the pulse points, namely the wrist and neck. This ensures that the Emblem is most likely to be spotted by emergency personnel.

The Emblem is easily recognised as having the international symbol of medicine on the front. The Emblem can then be flipped to reveal the vital information such as medical conditions, allergies and whether the member has an advance decision or organ donation wishes. The Emblem also holds the 24 hour emergency line phone number and the member's unique membership number.



Contact Us

MedicAlert's ongoing education campaign aimed at emergency service professionals aims to ensure that all the relevant professionals know how MedicAlert can help them to save lives. MedicAlert is continuing to contact Ambulance stations, Accident & Emergency Units, Police stations, Fire Stations and other relevant organisations to offer free leaflets, sample emblems and posters which explains clearly how the Emblem works.

For free copies of the new MedicAlert education poster and other education resources please contact James Phillips, Education and Policy Officer by email at jphillips@medicalert.org.uk or Tel. 0207 923 6474. Find out more about our work at www.medicalert.org.uk



FOCUS ON WEST MIDLANDS HART

The West Midlands Hazardous Area Response Team was the second HART team to become operational following the establishment of the HART programme. Its successful track record since establishment is the result of an active programme of relationship building, demonstrations of capability, and active training and exercising, both within the service and between other services. Inside HART spoke to James Price, the West Midlands HART manager (above photo, centre), to find out about the team's secrets of success and what lessons they have learned which may be of interest to other services.

Building understanding, alliances and relationships has been a critical factor in the West Midlands HART team's successful approach to establishing a clear role for itself within the context of West Midlands emergency operations.

"To implement HART within a Trust needs 'buy in' from all areas of the organisation," says James Price. "We have been very fortunate in that we have had support from both the chief and the chairman from Day One. I suppose that I am well known to be very enthusiastic for the project, and that rubs off onto the other departments that I need to deal with to get the project implemented, such as IT and Estates.

"The support for the project from the beginning has been the key to our success. Anthony Marsh, the Trust CEO, recognises the value of what we do and how we can increase patients' survivability in a major incident, but also how we can help reduce the impact on core resources, so that we can deal with a major incident and still deal with the 999 calls that need to be responded to. There is a culture in West Midlands Ambulance Service which empowers the staff to achieve the best possible outcome."

Building relationships with other emergency services has also been critical. Says James: "Our main focus has been on Fire and Rescue Services. There are five within our region and so I have made presentations to all of their Command Groups and also the Regional Collaboration Forum. We have also supplied each FRS with HART literature and information, to be placed on their respective intranets, as well as articles for their internal magazines.

"We already have good relations with the Police and, in particular, the Counter Terrorism Unit who we cross train with every few weeks. It's a two-pronged attack. The managers receive a presentation and a 'show and tell' of our equipment, and then exercising with the staff on the ground ensures that after a period of time the top meets with the bottom and everyone knows about HART. The main point to remember is that this is a new way of working, for both the Trust and our Emergency Service colleagues. It takes time; I'd say 12 to 18 months to be comfortable.

"We exercise with the FRS's across the region 3 to 4 times per week. We have a huge skillset, soon to increase with Inland Water, that needs to be refreshed. Also, the other agencies have

to get used to working with us as it's a big change for them as well. We do a lot of 'show and tells' where we provide a presentation and demonstrate the vehicles, to keep reinforcing what we do and the equipment we have.

"My view is that HART levels the playing field, as we can now all work in the same area, the inner cordon. Collectively, the Emergency Services have a wide range of equipment to carry out a shared goal, the saving and preserving of life. It's also important to show our colleagues that the work they do as individual organisations is not without risk. Therefore, they are potential patients who we would treat if they became injured. Once they realise that, you're pushing on an open door.

"We are also keen to show that as well as supporting them as potential patients, some of the equipment we have can be very useful for them. The HART Forward Command Vehicle is hugely impressive and can make a huge difference at incidents, with its satellite connectivity, diverse communication platforms and camera capability."

Training of the HART team is a critical element in West Midlands' success: "The team has a dedicated training week every seven weeks to refresh all of their skills. We also use the operational team as well. Training and exercising is key. If an incident occurs, we are ready to deal with it. The HART skillset is one that cannot be refreshed every couple of months, the 'skill fade' would be huge. Also, we are asking staff to work in areas that are hazardous and if they don't get it right they will be seriously injured."

Team morale is also critical, and is supported through short incidents, exercises and team nights out: "Everyone is on HART because they believe in the project," says James, "and this is where they want to be. I keep a close eye on the team and how they perform. My view is: it's hard to get in, harder to stay in."

James rejects any suggestion that HART teams are perceived as being elitist. "I have worked in specialist operations for the Trust for the past seven years and the use of the term 'elitist' is fairly common. To some degree we are playing semantics with the English language. What does elitist really mean? HART has different vehicles, equipment and uniforms, and team members have undergone nine weeks of training. Additional courses such as inland water, bronze commander, HART Supervisor

and Radiological Protection Officer also mean that some staff have completed fifteen weeks of training, something quite unprecedented within the Ambulance Service. So yes, we are different; but the important point is that we are still an Ambulance Service asset, we're just different."

Efforts are also made to broaden understanding throughout the service of HART's critical role: "We have regular slots in the Weekly Briefing, which is a Trust-wide publication, and I have designed a dedicated page on the Trust intranet. We are recruiting at the moment and hold regular Station Open days to show what we do and quash any ugly rumours!"

A key measure of the value of the HART team's role can be gauged by results: "We deal with roughly 20 to 25 IRU calls per month, and 10 to 15 USAR calls per month. There have been many incidents where being able to go into an area, at height for example, has made a difference to the patient.

"Our two largest incidents, which clearly demonstrate the value of HART, have been mass casualty incidents, where HART dealt with the incident and only used minimal Trust resources. The first case was during the first week we were fully live, and involved 48 patients who had been exposed to chlorine. We triaged and treated the patients using the mass oxygen delivery system and only used one A&E and 2 PTS vehicles. Previously we would have needed 20 to 25 ambulances, just for the oxygen.

"The second case involved the contamination of the air conditioning at The Bull Ring. We had to triage and evacuate 250 patients, establish a casualty collection point, and transport fifteen patients to hospital. Again, we only used minimal Trust resource and greatly reduced the impact on core business."

In addition to his work within West Midlands HART, James also supports national HART activities: "My national work has included the design of all the ARP hardware for all the HART vehicles, as well as designing the national and local fleetmaps to ensure HART has its own Talk Groups and instant communications across the country. I have designed and specified our communications within the inner cordon. We use Motorola Intrinsically Safe Radios, which meant extensive work with Airwave. I also sit on the Vehicle & Equipment Group which looks at future equipment for HART."

ACCESS ALL AREAS

Inside HART introduces Darren Foscett, a key member of the HART training team at Winterbourne Gunner.

What is your new job title?

My role is the Ambulance CBRN Command Trainer and HART IRU Training Lead.

What was your previous role?

I was doing the same role before with support from Dave Bull. I am now running the HART IRU training at Winterbourne Gunner, with support if required. Problems and new projects now fall to me. It is important to note that as we are such a small project, the managers are always on hand for support and guidance. Dave Bull – the head of the training faculty – has steered me when required and also allowed me to run with projects as I see fit.

What previous relevant job experience have you had during your career?

I started out in the RAF regiment in 1987. My ten years in the armed forces saw me operating in the first Gulf conflict and in the former Yugoslavian conflict, among other things. Leaving the military in 1997 I joined Shell UK as a Business Development Manager, spending most of my time out with organisations such as the NHS and London Buses, looking after and managing clients and contracts.

In 2000 I fancied something new and applied for a role in the Ambulance Service. I was recruited by Kent Ambulance (now South East Coast Ambulance Service) where I started as a technician, and then went on to complete my paramedic qualification in 2003. I later became a clinical team leader and in 2004 worked with the training department as associate trainer, delivering training support at station level. Life experience from the military, combined with early management experience with Shell, has served me well throughout my career in the Ambulance Service.

Are there any key operations with which you have been involved from which you have learned lessons that you think will be helpful in your new role?

I would say that key areas of learning have come from my experiences in the military. With reference to my service within the two international operations, this exposure involved working with other agencies and affected communities. These communities and other agencies needed support, and this support was founded on good communication and a willingness to serve the people we were there to help.

What will the key priorities be for training and exercising throughout the current year and into 2011?

Key priorities will be:

- Exercising key roles such as command and control for HART at any incident;
- Development of individuals in areas of personal interest to maximise their

capability and development;

- Development of the on-site simulation suite at Winterbourne Gunner and the development of the mobile simulation suite, which will travel around the country adding another level of support to the HART teams within their training programs;
- Planning for continuity training beyond the initial HART roll out.

What key events do you have planned throughout the year to support this?

There will be ongoing development of command training at operational level, focusing on CBRN Decontamination. Training for Entry Control functional roles has been completed, with a regional program scheduled to be with the trusts by the end of the 1st quarter of 2010.

We are also into the second year of the centralised operational command training based at Winterbourne Gunner. This course focuses on the role of the operational commander, covering all aspects of the operational commander's responsibilities. We ran six courses last year, including one dedicated to HART team leaders, which trained over 120 ambulance staff. This will be followed by five courses aimed at training another 120 commanders this year, with support from a cadre of trainers identified in 2009.

The simulation suite at Winterbourne Gunner is under way, with the structure completed. We are now waiting for the IT to be fitted. This will allow for the delivery of bespoke, new generation simulation focusing on clinical skills in a number of areas, to include treatment in PPE such as CR1, Gas Tight and PRPS. The suite is designed to simulate any environment, including low light. We hope that the mobile simulation suite will be completed later this year.

Continuity HART training is in the design phase. This will allow for the delivery of refresher training post initial roll out, which is due for completion in April 2011. An online learning program is being designed to support the learning at station level.

There are other training initiatives but they are in the early stages so we will keep those quiet for now. Watch out for further developments!

Will your exercises involve other emergency services? How much will multi-agency working be a part of your planned activities and training?

For any training to be successful there has to be a multi-agency thought process – otherwise training in isolation will potentially fail when outside sources join in. Core HART training brings in other agencies, to bring in experiences for others to learn from. Within the local training within trusts, the links with their multi-agency partners are paramount. All agencies should, where possible, exercise

Darren Foscett,
IRU Training Lead



and train together. The need for this comes from the key responsibility for all responding agencies, which is the need to preserve life.

Within my role of command training at the Police National CBRN Training Centre we exercise at a multi-agency level, bringing Police, Fire and Rescue, Ambulance, HPA, NHS, as well as scientists and the military, together to interact. The promotion of this multi-agency thought process will be critically important for the successful use of HART within the inner cordon of incidents.

Is there a programme of command competence assessment for various levels of personnel within the HART programme, covering all different types of task - CBRN, USAR, command communications and technologies etc?

Within HART there is a leader for every team. This team leader will be asked to attend a bronze commanders course at Winterbourne Gunner, to develop their skills as a commander. The need for HART to command an incident is unlikely in the context of a major incident. Their capabilities are rather bespoke and would require them to brief other commanders from all agencies as to their role and capability.

How many staff will go through training or refresher courses of one kind or another this year?

In the new financial year we plan to run another eleven IRU courses, which will have a maximum of 24 students per course. This will mean a potential of 264 through Winterbourne Gunner's gates over the next 12 months. On top of this, we will also be running another five bronze command courses, with the potential of another 120 on site in 2010/2011. This is the core training scheduled for the HART IRU and Command at Winterbourne Gunner.

I will also be delivering on another four Silver tactical command multi-agency CBRN courses at the Police National CBRN Centre based at Ryton on Dunsmore near Coventry. There will also be support to the training lead with new projects, Gold Strategic Command and command refreshers which are scheduled for the next 12 months.

It is important to note that this cannot be achieved without the support of the HART Training Faculty at Winterbourne Gunner, the team members of which dedicate their time to running the training. The work they do is first rate. My role would be near impossible without their support.

INNER CORDON 2010

Liverpool – BT Convention Centre
Thursday 10 – Friday 11 June 2010
BOOK YOUR PLACE NOW!



LETTERS, NOTICES AND CORRECTIONS

From: Seamus Elliott, HART Human Resources Sub-Group Lead

The HART project is supported by an HR group which involves Trust HR professionals and a national trade union officer. We have done a lot to try to ensure that team members are selected fairly and equitably and on the evidence that they will be able to do the challenging job ahead.

This is supported by specific and bespoke training and development for teams, for Team Leaders and HART managers. We have also ensured that adequate insurance arrangements are available for all team members.

However, the HR group is very aware that as the project rolls out, there may be new needs for training and support which have yet to be identified and considered. We would very much like to hear from anyone about any areas of concern or which should be considered to ensure that staff feel properly skilled, supported and motivated to undertake what is likely, on occasions, be some of the most demanding work in the NHS.

Please do pass your views though to your HART manager or your HR lead or via info@ambulancehart.org.

HART DVDs AVAILABLE



■ **Ambulance Staff Inside The Inner Cordon**
 (aimed at a multi-agency audience)
 – also available in French

■ **National Capability Mass Casualty Equipment Vehicles and NHS Emergency Dressings Packs**
 – (also available on the HART website)

■ **So You Want To Join HART?**
 – aimed at potential HART team members
 – (also available on the HART website)

If you would like any HART-related DVDs to help spread the word about HART, please email carl.rees@ambulancehart.org and specify how many of each of the DVDs you need:

Send your letters and feedback about HART, and any corrections concerning Inner HART to
carl.rees@ambulancehart.org
Your feedback is greatly valued!

EDITORIAL CONTACT

Editor: Carl Rees
 National Communications Lead
 Department of Health HART Programme
 c/o Londonsea Ltd, 69 Langdale Road
 Hove, East Sussex BN3 4HR

Telephone: 01273 328140 or 07958 547727
Email: carl.rees@ambulancehart.org

INSIDE HART

ADVERTISEMENTS

The carrying of selected advertisements in this magazine does not signify that the Department of Health or the HART Programme endorses any particular organisation's products or services in any preferential way, as similar products may be offered by other manufacturers and service providers.

USEFUL HART CONTACTS



Russ Mansford
 Strategic Ambulance Adviser
 (and HART Project Lead for DH)
 Department of Health Emergency
 Preparedness Division
russ.mansford@dh.gsi.gov.uk



Sandra Ebelthite
 PA to Russ Mansford,
sandra.ebelthite@dh.gsi.gov.uk



Hilary Pillin
 HART Programme Manager
hilary.pillin@ambulancehart.org



Gary Donald
 Fire and Rescue Liaison Officer
gary.donald@ambulancehart.org



Jamie Fountain
 USAR Lead
jamie.fountain@ambulancehart.org



Darren Foskett
 IRU Training Lead
darren.foskett@ambulancehart.org



Richard McKeand
 HART Project Lead
 (Vehicles & Equipment Procurement)
richard.mckeand@ambulancehart.org



Dr John Stephenson
 HART Clinical Sub-Group Lead
john.stephenson@emas.nhs.uk



Seamus Elliott
 HART Human Resources
 Sub-Group Lead
seamus.elliott@eastamb.nhs.uk



Dave Bull
 HART Education & Training
 Development Sub-Group Lead
dave.bull@cbn.pnn.police.uk



Andy Parr
 HART MIRC Lead
andy.parr@secamb.nhs.uk



Carl Rees
 HART Communications and PR Lead
 (Media Enquiries)
carl.rees@ambulancehart.org